

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Rossville*

Town

*Winn Anne Co.*

County

Date of death *1905*

Month

*July*

Day

*14th*

Age

Years

*24*

Months

*2*

Days

*10*Sex *male*Color or  
Race*Black*Birth-  
place*near Rossville*Occupation *farm hand*Where Residing if not  
at place of death*Rossville*Married, Single  
or Widowed*married*Name of Wife or  
Husband*Maggie Albert*Father's  
Name*Joseph Albert*Father's  
Birthplace*Monroe Co  
Georgia*Mother's  
Maiden Name*Julia Mason*Mother's  
Birthplace*Talbot Co.*Name of person giving  
In formation*Joseph Albert*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Typhoid fever*

How long

*2 weeks*

Immediate

*Prostration*

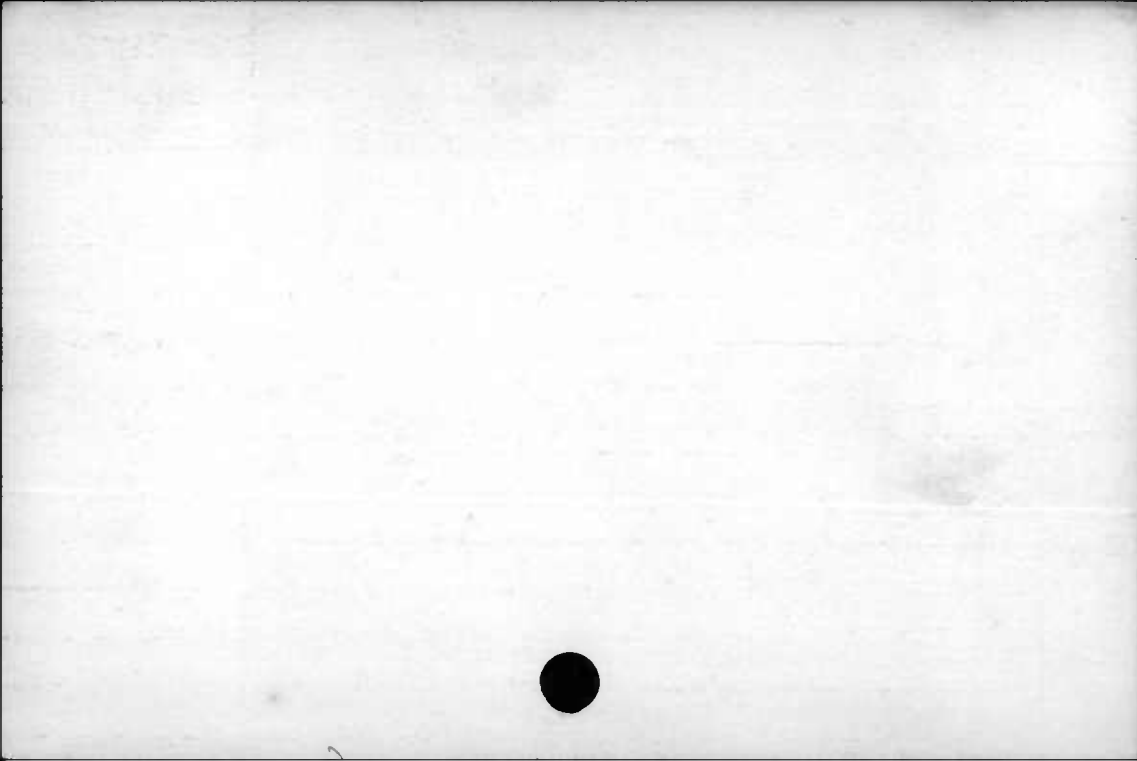
How long

*8 to 10 hours*Are the name, age, sex, color, date  
and place correctly given above?*they are*Signature of  
Physician

Address

*A. S. Dudley  
Church Hill  
Maryland*

Accident or Suicide?



Name  
in  
Full

Thomas A Anderson

CERTIFICATE OF DEATH

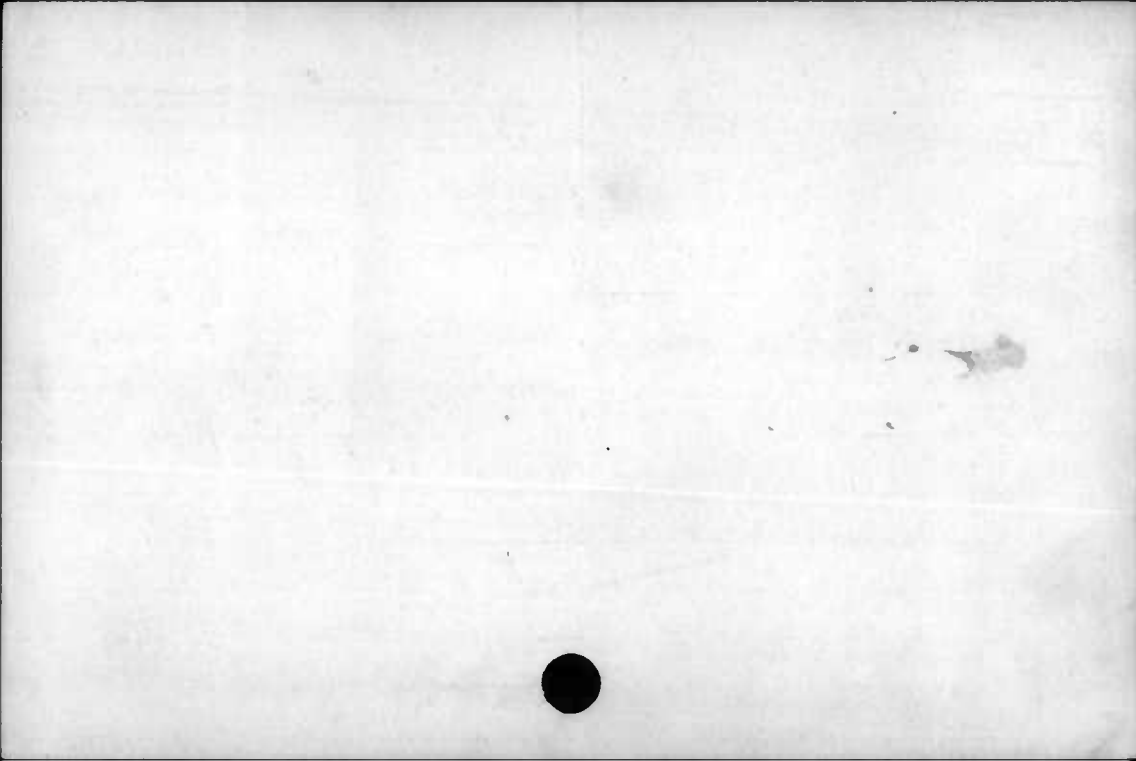
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i>		Town <i>Winchester</i>		County <i>Md</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>3</i>	Age <i>3</i>	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or Race <i>Collard</i>		Birth-place <i>Winchester</i>				
Occupation			Where Residing if not at place of death <i>Winchester</i>				
<del>Married</del> , Single			Name of Wife or Husband				
Father's Name <i>Thomas Anderson</i>			Father's Birthplace <i>Lucinda</i>				
Mother's Maiden Name <i>Mary Wilson</i>			Mother's Birthplace <i>Queen led</i>				
Name of person giving information <i>Thomas Anderson</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <i>3 months</i>
Immediate <i>Summer Complaint</i>	How long <i>1 Week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas C Causey</i>
	Address <i>1st Coroners</i>
Accident or Suicide?	<i>Fords Stone Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, <del>Single</del> <del>Widowed</del>		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Adorned age	How long	Seven yrs
Immediate	Paralysis of heart	How long	1/2 hr
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	2nd Fredy
		Address	Centerville Md
Accident or Suicide?	Neither		



William Bullen

Town

County

Died at Adams House. 2. Annas

MARYLAND

Date 19 05 July 30  
 Month Day Y. M. D. Age 65, 6. Native of 2. 2 Co  
 Male White Married Widow Divorced  
 Female Colored Single Widowed Number of children living

Husband of

Wife

Father's Name Jacob Bullen  
 Mother's Name don't know

Maiden Name

Cause of Death Primary Cholera Key

Death Immediate acute Diarrhea

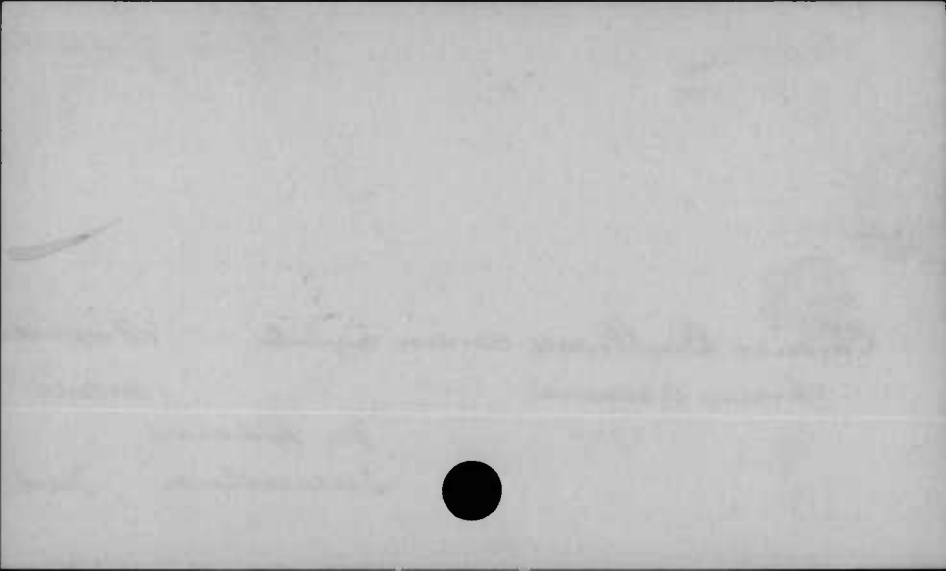
How long sick

Accident, Suicide, Homicide

Reported by William Lester. Dr. Polton

Address Centerville 2. 2. 2. md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





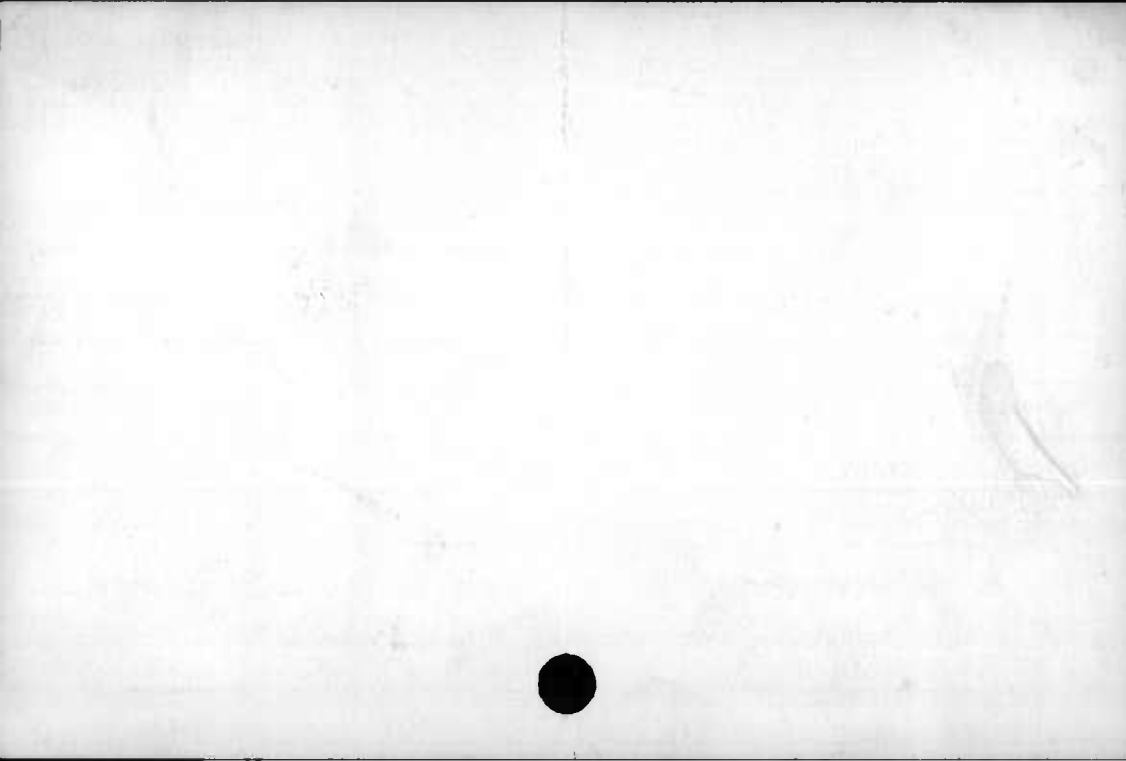
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Name <i>John</i>		Town <i>Blevenger</i>		County <i>Queen Anne</i>		MARYLAND					
Died at <i>Mitchell</i>		Month <i>July</i>		Day <i>28<sup>th</sup></i>		Years <i>5-9</i>		Months <i>10</i>		Days <i>3</i>	
Date of death <i>1905</i>		Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Talbot</i>					
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>Place of death</i>							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Kate Mansfield</i>									
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving Information <i>Kate Mansfield</i>						How related to deceased <i>wife</i>					

## CAUSES OF DEATH

Primary <i>Chronic Bright's with cardiac complications</i>		How long <i>18 months</i>	
Immediate <i>chronic uraemia</i>		How long <i>1 month</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Adams</i>	
		Address <i>Queenstown, Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Frank Dadds

Died at

Chester

County

La

MARYLAND

Date 189

5 July 25

Age

4 14

Native of

Occupation

Med. Ins. Agent

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Oscar Dadds

Mother's

Name

Mattie Gardner

Cause of

Primary

Enteritis

How long sick

Death

Immediate

Malnutrition

Accident, Suicide, Homicide

Reported by

Wm. H. Sturges

Address

Stevensville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 2014



Name  
in  
Full

Some M Dadds

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Tring</i> <sup>Town</sup>		<i>2 d</i> <sup>County</sup>			
Date of death <i>1905</i> <sup>Month</sup> <i>7</i> <sup>Day</sup> <i>8</i> <sup>Years</sup> <i>49</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>2 d</i>	
Occupation <i>Farmer &amp; carpenter</i>		Where Residing if not at place of death <i>Tring</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lillian M Dadds</i>			
Father's Name <i>Some Dadds</i>		Father's Birthplace <i>2 d</i>			
Mother's Maiden Name <i>S Matthews</i>		Mother's Birthplace <i>Talbot</i>			
Name of person giving information <i>I M Dadds</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic valvulitis Aortic regurgitation</i>		How long <i>2-3 years</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. Adams</i>
		Address <i>Puecriston Md.</i>
Accident or Suicide?		



Name  
in  
Full

Still Born

## CERTIFICATE OF DEATH

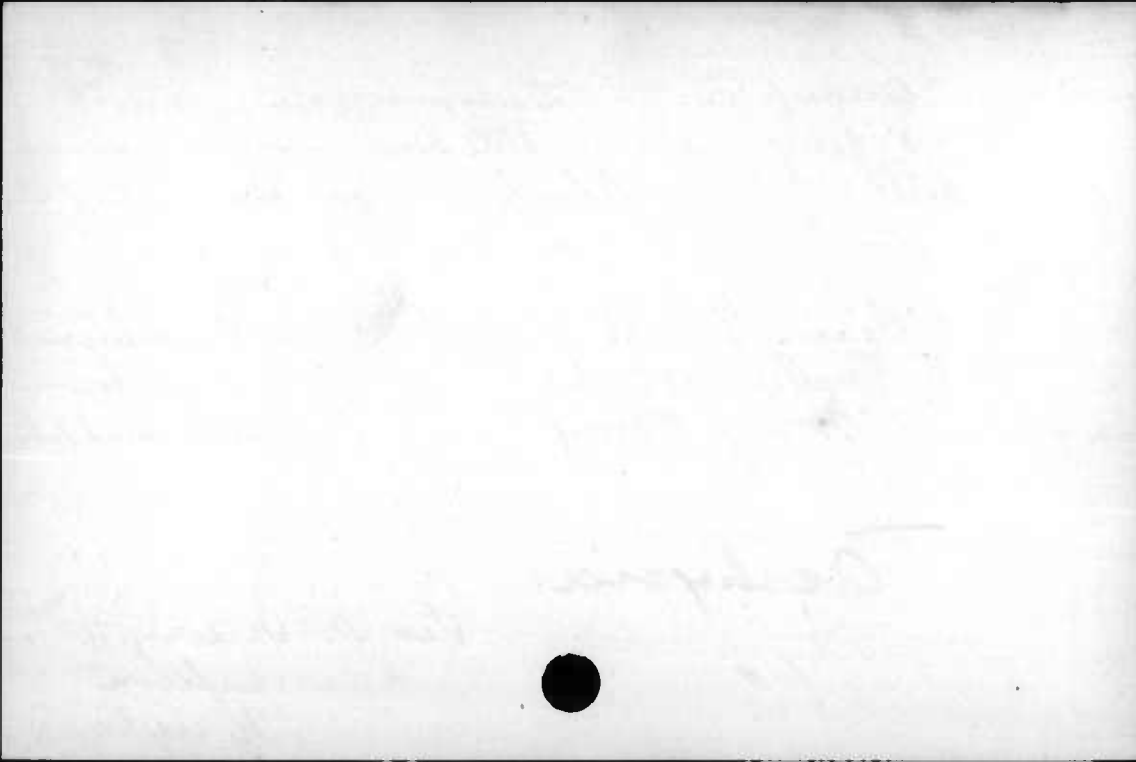
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Priest</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1901</i>	Month <i>July</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Priest</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jeff Davis</i>		Father's Birthplace <i>Ind.</i>		Mother's Birthplace <i>Ind.</i>	
Mother's Maiden Name <i>Byrnie Storker</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Jeff Davis</i>	

## CAUSES OF DEATH

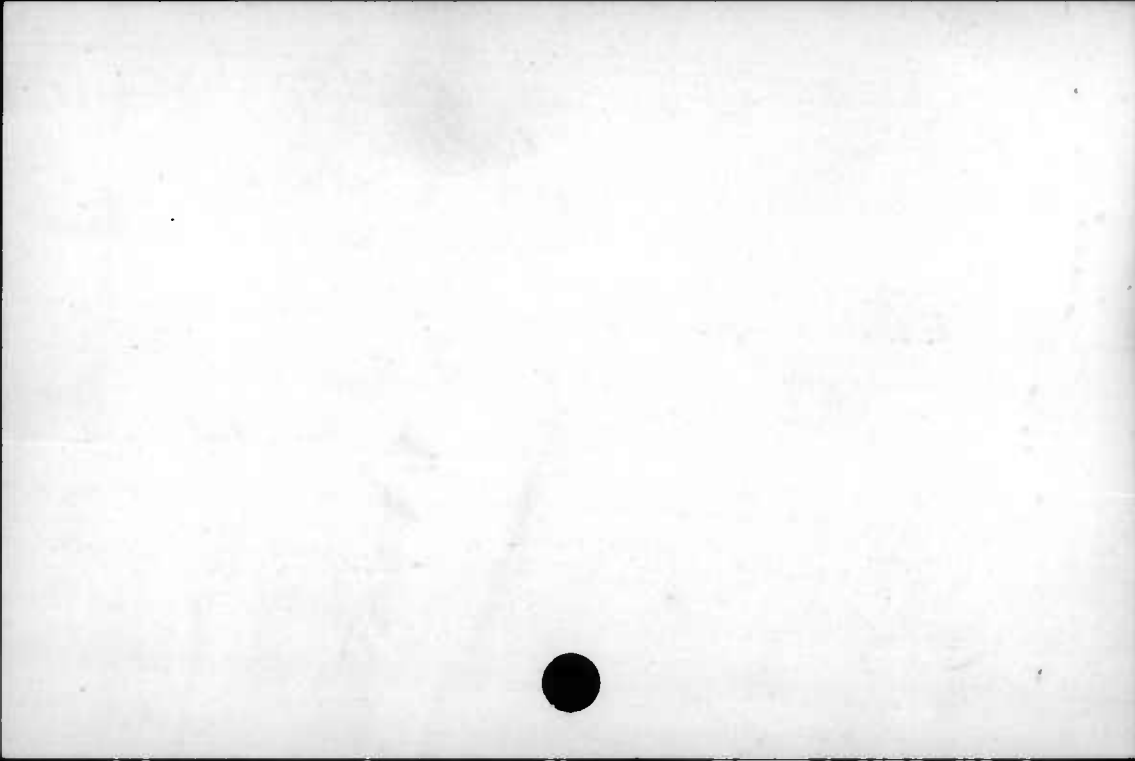
PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>S.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Appage</i>
	Address <i>Church Hill</i>
Accident or Suicide?	<i>Ind.</i>





Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crumpton</i> Town		<i>Louisa Anne</i> County		MARYLAND	
	Date of death <i>1905</i> Month <i>July</i> Day <i>6</i>	Age <i>still born</i> Years		Months	Days	
	Sex <i>girl</i>	Color or Race <i>Black</i>		Birth-place <i>Crumpton</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>William Ferrel</i>		Father's Birthplace <i>Crumpton</i>			
	Mother's Maiden Name <i>Mattie Wright</i>		Mother's Birthplace <i>Pond Town</i>			
Name of person giving information <i>Mrs J Honey</i>		How related to deceased <i>step grand father</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Asphyxia</i>		How long <i>3</i>			
	Immediate		How long			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Gen J. Betts, M.D.</i>			
	<i>yes</i>		Address <i>Crumpton Maryland</i>			
	Accident or Suicide?					



Name  
in  
Full

George O. Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Exhampston		County Queen Anne's		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1905	July	11	8	2		
Sex	Male		Color or Race	Black		Birth-place	Kent Co.
Occupation	None		Where Residing if not at place of death		At Home		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Wm J Green					Father's Birthplace	Kent Island Md
Mother's Maiden Name	Mary Housey					Mother's Birthplace	" "
Name of person giving information	Wm J Green					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eudocarditis	How long	One year
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	CP Green MD
Yes		Address	Millington Md
Accident or Suicide?			



Name in Full

Certificate of Death

Wm le Roosevelt Heath

Died at

Mattapung

County

MARYLAND

Date 1895

Month Day

Y. M. D.

Native of

Occupation

1905

7 28

Age

4

wid

Male

~~White~~

Married

Widow

Divorced

Infant

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Felix Heath

Mother's

Name

Evelyn Sheppard

Cause of

Primary

Cholera infantum

How long sick

3 or 4 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

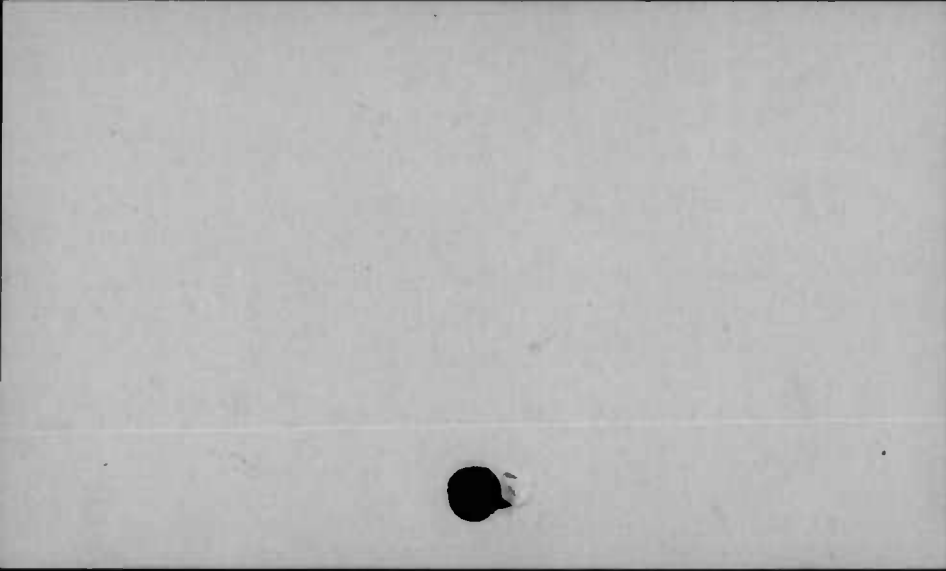
Wm J. Henry

Address

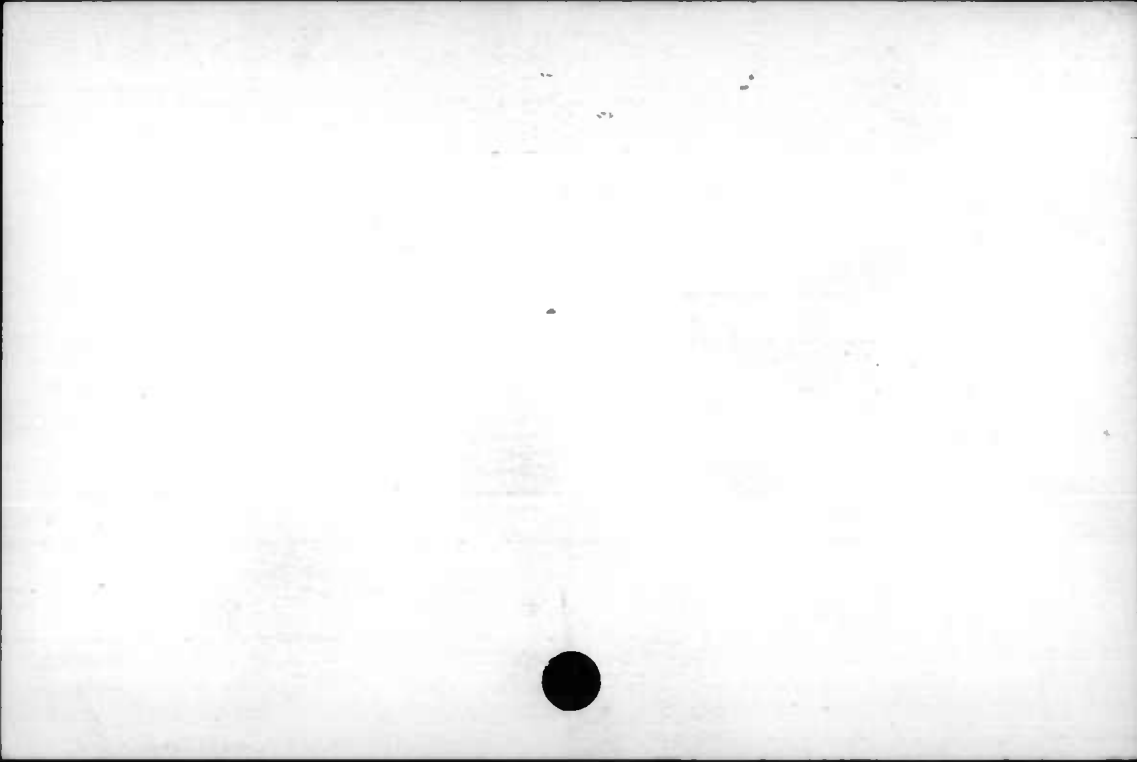
Stevensville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 1, 68060



Name in Full		Not named				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Centerville		County		D. H. Co.	
							MARYLAND	
	Date of death		1905	Month	July	Day	25	Age
							Years	Months
							Days	
	Sex		Male		Color or Race		Black	
	Birth- place		Centerville					
Occupation				Where Residing if not at place of death		"		
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Fevie Michel		Father's Birthplace		Beyers Co. Ga. Ind. D. H. Co.		
Mother's Maiden Name		Ann Glarcal		Mother's Birthplace		D. H. Co.		
Name of person giving In formation		father		How related to deceased		father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Still Born		How long			
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		H. J. D. L. in	
					Address		Beyers Co. Ga.	
	Accident or Suicide?		No		Signature of Physician		H. J. D. L. in	





### CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Georgetown*

County

## MARYLAND

Date \_\_\_\_\_ Month \_\_\_\_\_

Day

Years

Months

Days

Date \_\_\_\_\_ Month \_\_\_\_\_

17

Age

78

4

Sex *male* .:

Color or Race

Black

Birth-  
place

2.9 Co

Occupation *Laborer*

Where Residing if not  
at place of death

Married, Single  
or Widowed *Married*

Name of Wife or Husband

Father's Name *Dan K*

Father's  
Birthplace

Genl Kerner

Mother's Maiden Name *Don't Know*

Mother's Birthplace

Dr. H. Kern

Name of person giving information James H. Brown - Jr

How related  
to deceased

None

### CAUSES OF DEATH

Primary *Parasol*

How long

T. Ray

Immediate

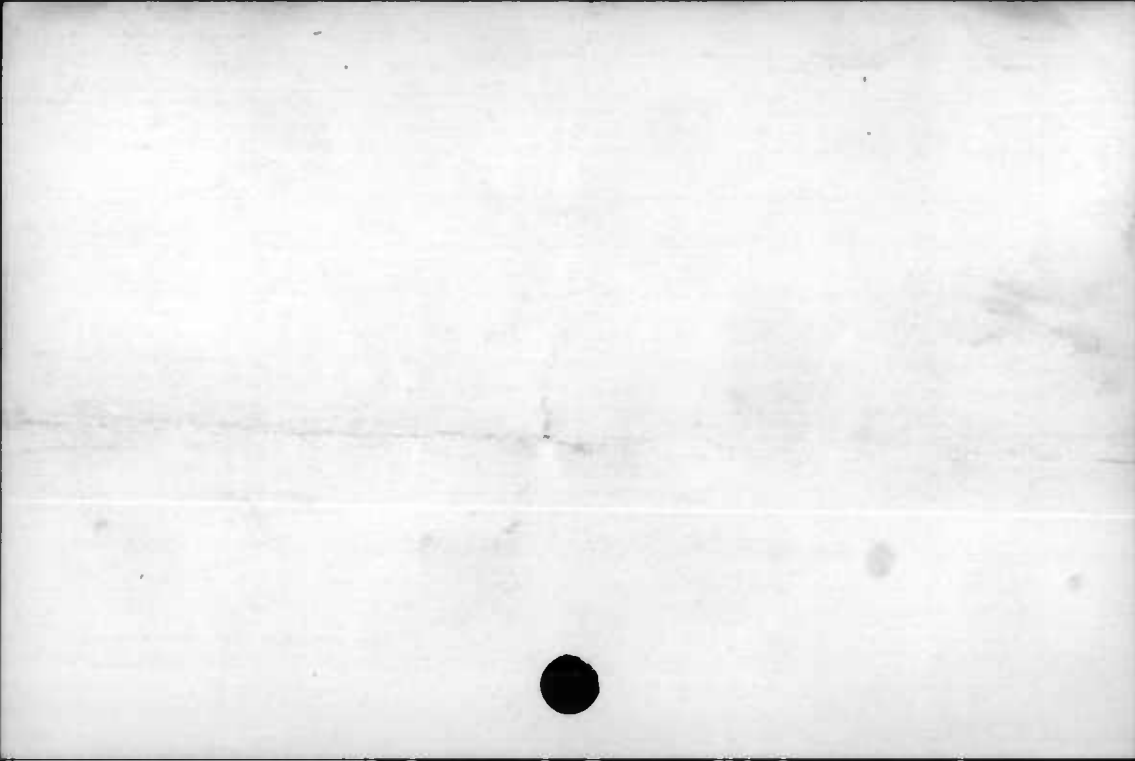
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?



Name  
in  
Full

Paul Monno Mulliken

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Queen Anne

Queen Anne

Date of death

1905

Month

July

Day

31

Age

Years

Months

4

Days

10

Sex

Male

Color or  
Race

White

Birth-  
place

Queen Anne Co

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Alonso Mulliken

Father's  
Birthplace

Queen Anne Co

Mother's  
Maiden Name

Carrie Deford

Mother's  
Birthplace

Queen Anne Co

Name of person giving  
In formation

Alonso Mulliken

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Gastro Enteritis

How long

2 days

Immediate

Convulsions

How long

12 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

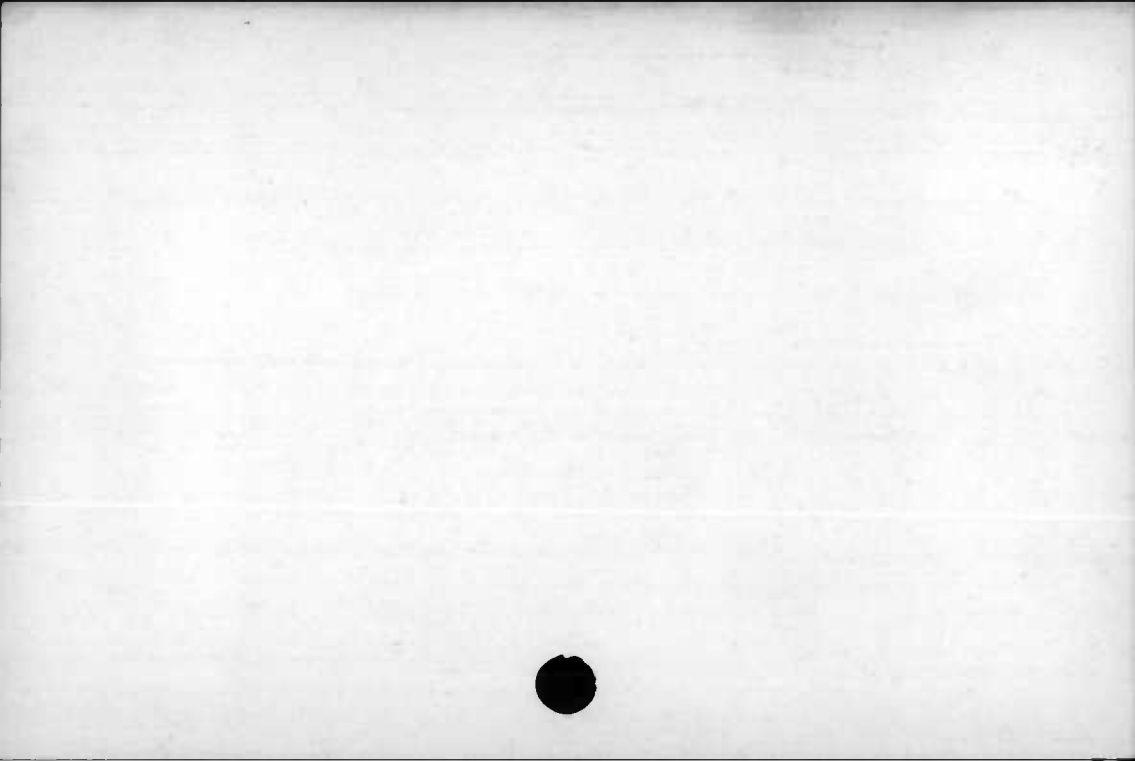
Address

J. F. Mulliken

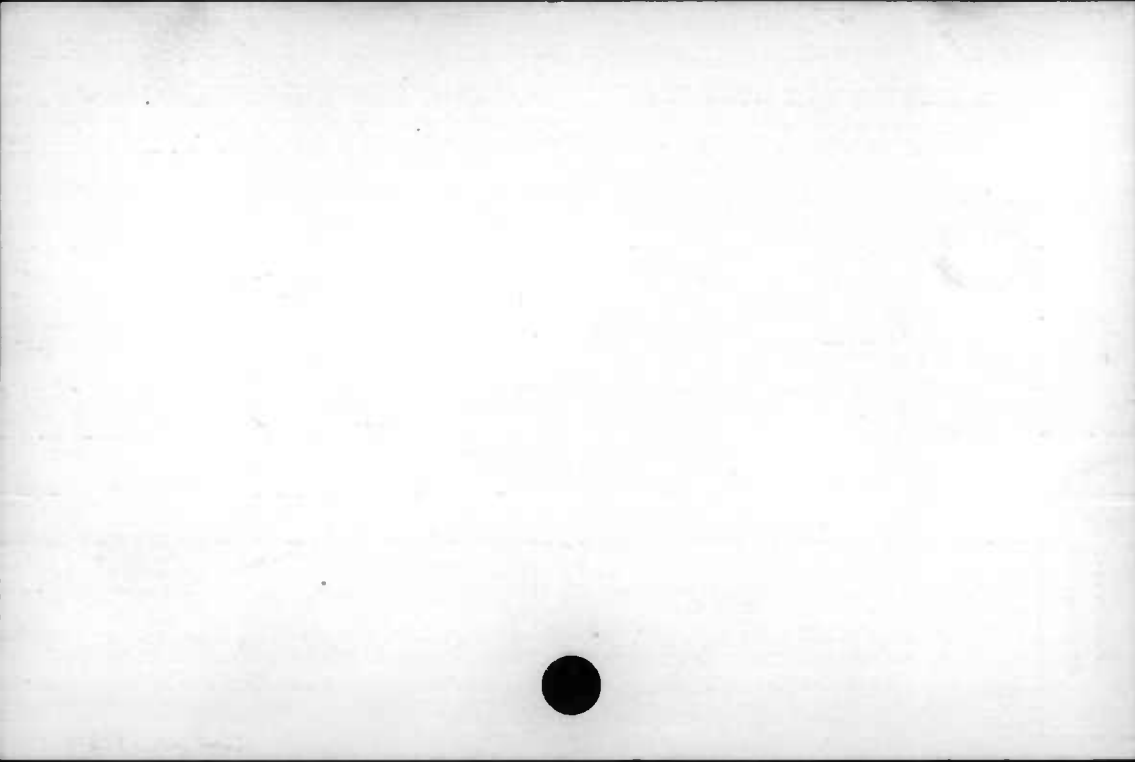
Pilesboro Md.

Accident or Suicide?

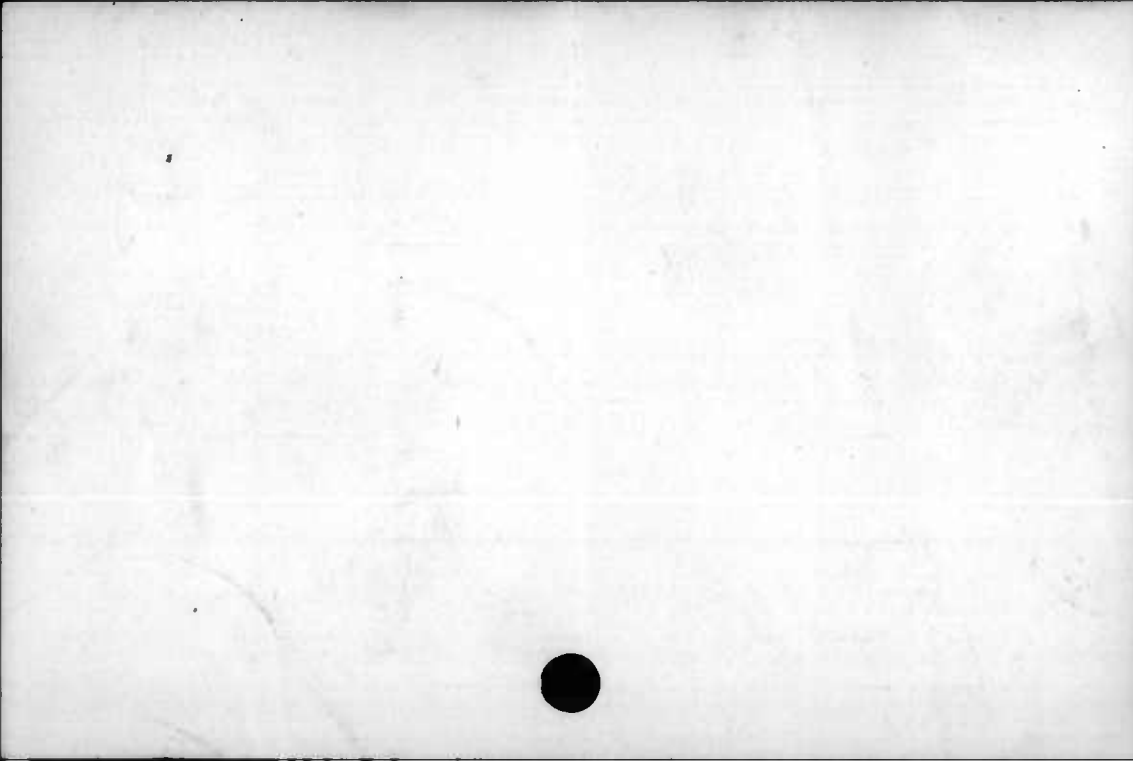
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
Rogers Norwich		Town Church Hill		County Queen Anne's	
Died at		Date of death		MAYLAND	
Month June		Day 13		Years 20	
Sex Female		Color or Race Colored		Birth- place Kent Island	
Occupation Servant		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Jas. Pattison		Father's Birthplace Kent Island			
Mother's Maiden Name Harriet Brown		Mother's Birthplace Queen Anne's			
Name of person giving information Thos Norwich		How related to deceased None			
CAUSES OF DEATH					
Primary Pulmonary Tuberculosis		How long Two			
Immediate Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. N. S. Dudley			
		Address Church Hill Maryland			
Accident or Suicide?					



Name in Full		Filmors Pierson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Winchester		Jules Ann		MARYLAND	
	Date of death	1906	Month 7	Day 12	Age	Years 10	Months 9
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Winchester	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Millard Pierson				Father's Birthplace	2, 9, 10
	Mother's Maiden Name	Mititia Mansfield				Mother's Birthplace	Winchester
Name of person giving information	Mititia Pierson				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Hot weather				How long	
	Immediate	Lungs				How long	Two Days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Howard R. Hopkins	
					Address	2 new street, Md.	
	Accident or Suicide?						





Name  
in  
Full

Lena Seemey

## CERTIFICATE OF DEATH

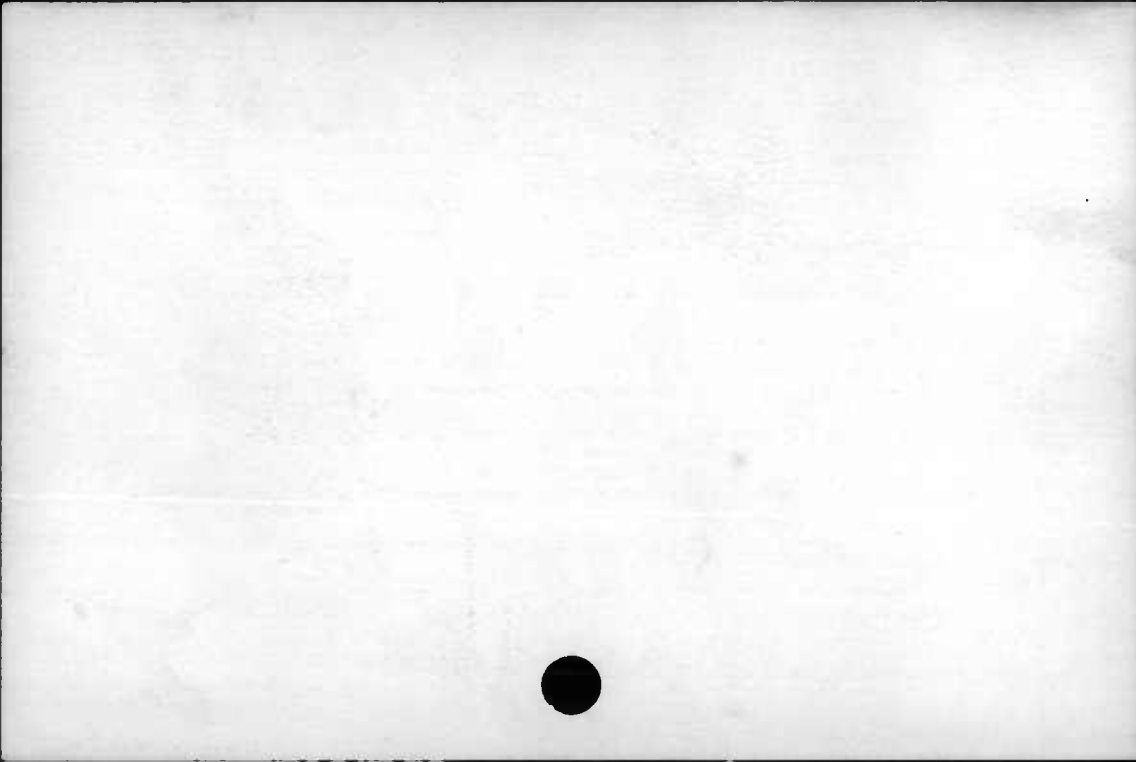
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ruthsburg</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1905	Month	July	Day	9	Age	Years 16
Sex	Female		Color or Race	Colored		Birth-place	<i>Ruthsburg, Md.</i>
Occupation	<i>House girl</i>			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	<i>Not known</i>					Father's Birthplace	
Mother's Maiden Name	<i>Lena Simpson</i>					Mother's Birthplace <i>Ruthsburg Md.</i>	
Name of person giving information	<i>James Seemey</i>					How related to deceased <i>Cousin by marriage</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Caught cold and it developed into</i>	How long
Immediate	<i>Pulmonary Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Walter S. Freerby</i>
		Address <i>Ruthsburg, Md.</i>
Accident or Suicide?		



Name  
in  
Full

Julia Annie Stevens

## CERTIFICATE OF DEATH

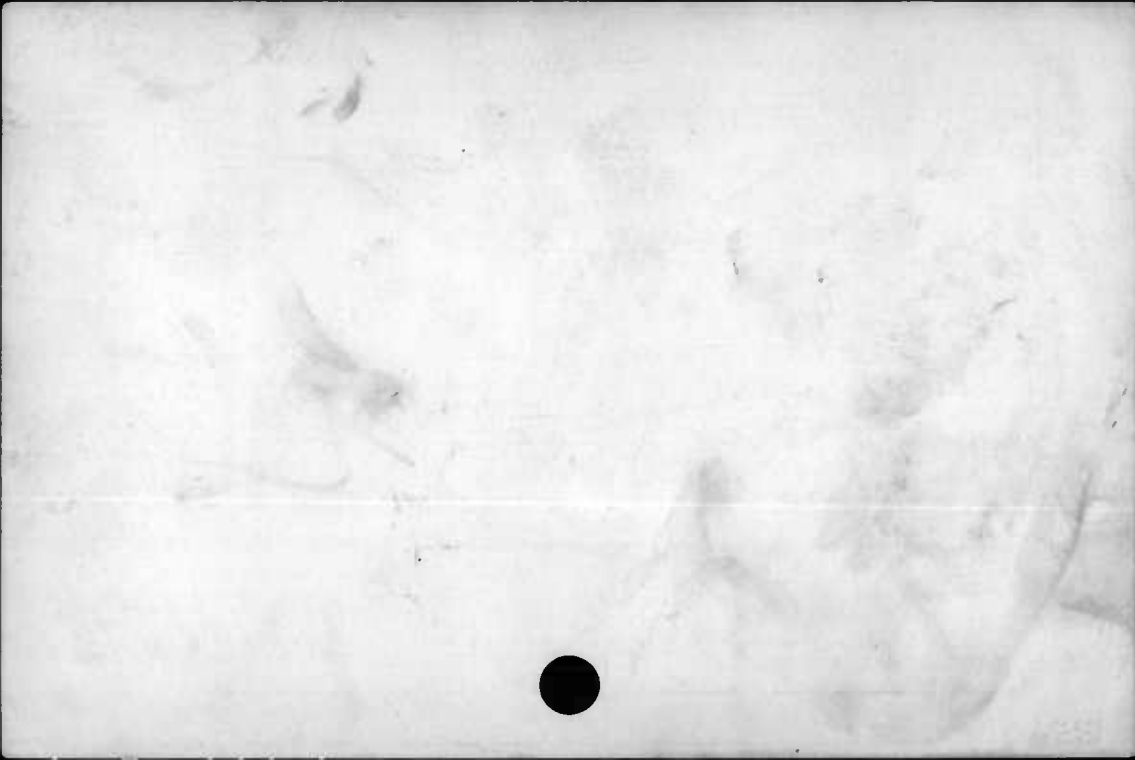
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>July</i>	Day <i>28</i>	Years <i>24</i>	Months <i>10</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Charles C. Stevens</i>					
Father's Name <i>Thos. W. Coulter</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Theresa Batchen</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Chas. C. Stevens</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>General Arterial</i>	How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. E. Snyder, M.D.</i>
	Address <i>Stevensville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Bessie Genevieve Story

## CERTIFICATE OF DEATH

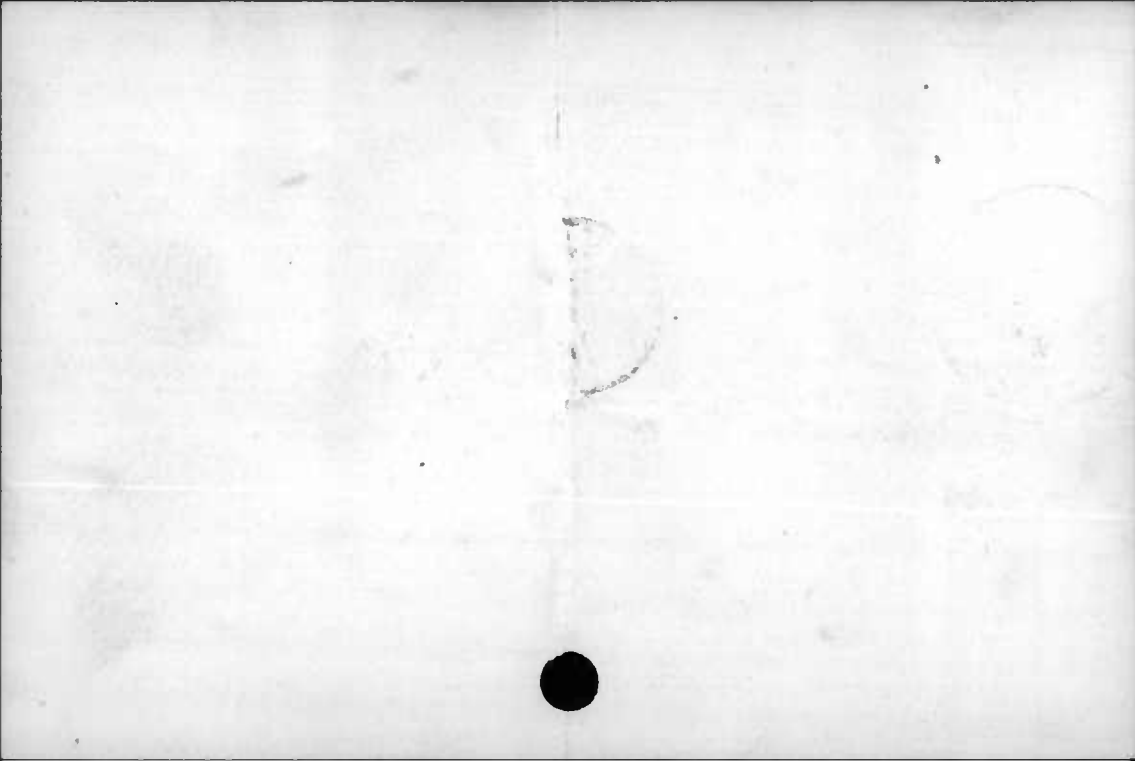
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Church Hill</i>		Town <i>Steele</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>28th</i>	Age <i>1 year</i>	Months <i>00</i>	Days <i>27</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Four Chunks Field Maryland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>William E. Story</i>			Father's Birthplace <i>San Claude Hill Md</i>				
Mother's Maiden Name <i>Clara B. Sewall</i>			Mother's Birthplace <i>Galbot Co. Md</i>				
Name of person giving information <i>Wm E. Story Father</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Ileo-Colitis</i>	How long <i>said to be about 3 weeks</i>
Immediate <i>Convulsions, so said by informant</i>	How long <i>be 15 minutes Don't know said so</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.H. W. Weedon</i>
<i>(Saw at Office 26 inst)</i>	Address <i>Church Hill, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

William A Watkins

## CERTIFICATE OF DEATH

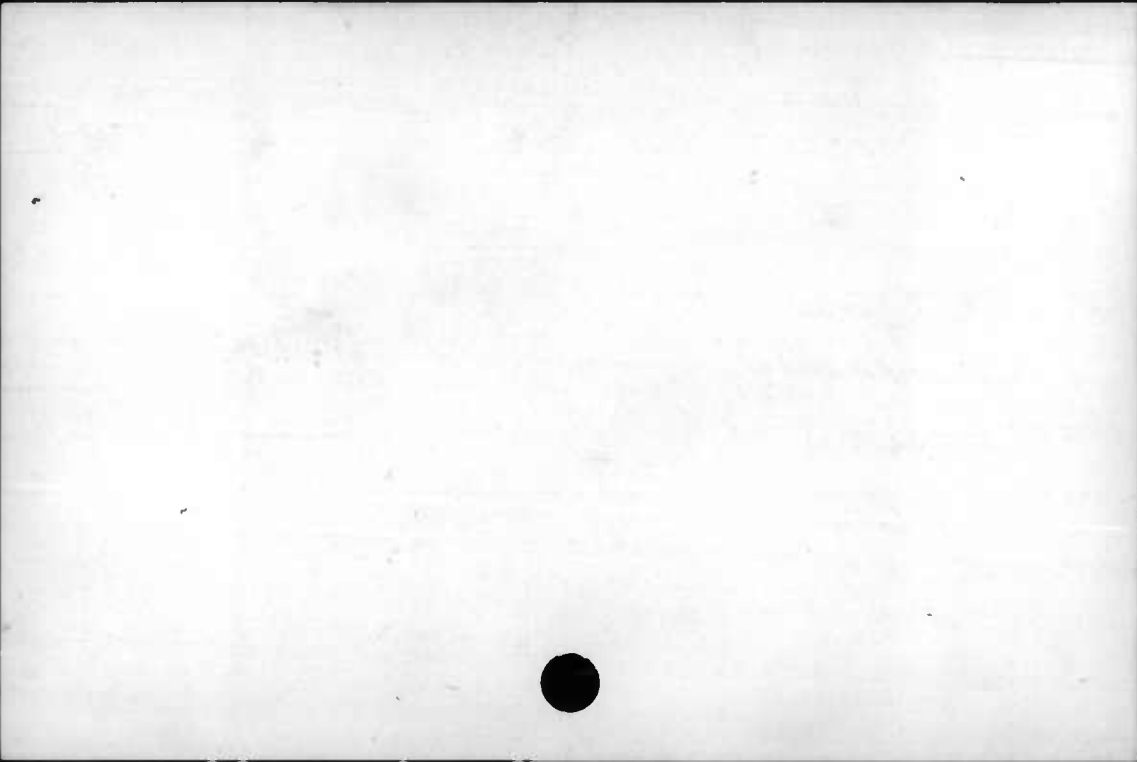
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barelay</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>4th</i>	Age	Years <i>14</i> Months <i>14</i> Days
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Barelay Md</i>			
Occupation <i>child</i>	Where Residing if not at place of death <i>"</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John W Watkins</i>	Father's Birthplace <i>Barelay</i>				
Mother's Maiden Name <i>Francis O Kelley</i>	Mother's Birthplace <i>Near Barelay</i>				
Name of person giving information <i>John W Watkins</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Summer Complaint</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H Watkins</i>
<i>No Doctor</i>	Address <i>Barelay. Md.</i>
Accident or Suicide?	





Name  
in  
Full

Wm. Walter Watkins

## CERTIFICATE OF DEATH

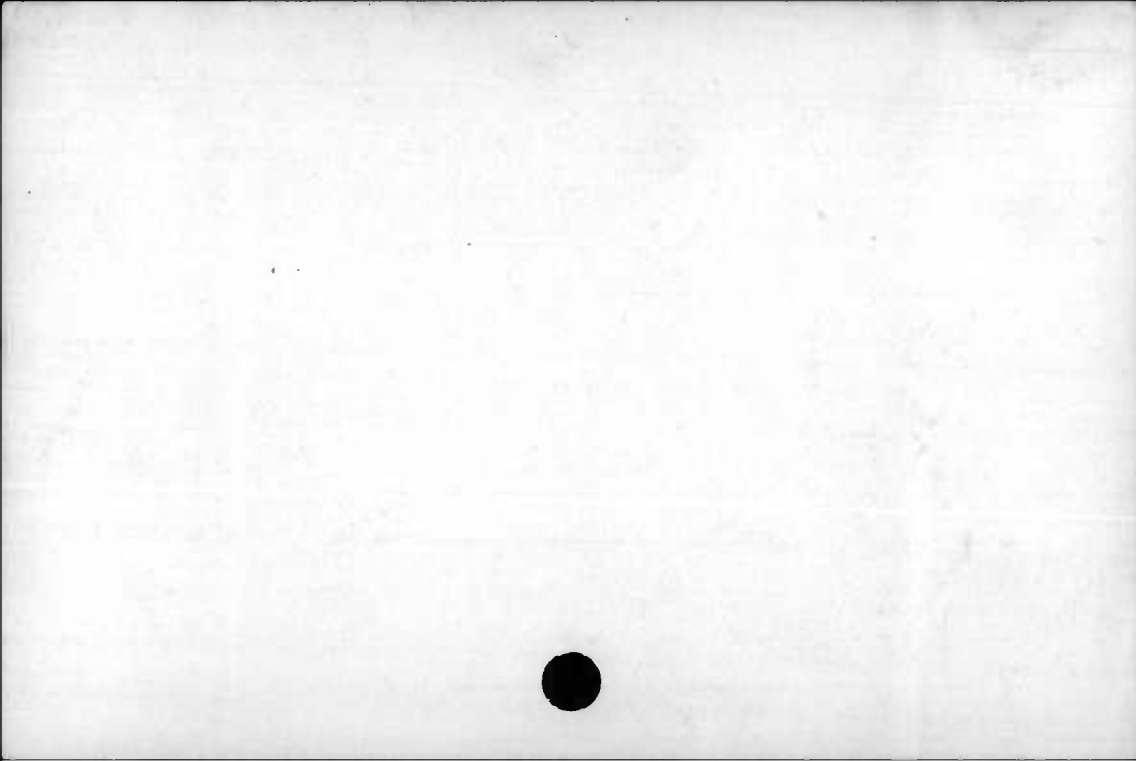
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bardonia</i> Town		<i>L. A.</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>13</i>	Age <i>44</i> Years	Months	Days <i>11</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Id</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W. Watkins</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Adeline Frances Kelley</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>John W. Watkins</i>			How related to deceased <i>son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>bad nutrition</i>	How long	<i>12 days</i>
Immediate		How long	<i>12 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Isabel Graham M.D.</i>	
		Address <i>Singleside</i>	
		<i>Id</i>	
Accident or Suicide?			



Name  
in  
Full

One of Twins Wilson (M) #1

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Star Town

Incar Anne County

Date of death 1905 + July

Day 10

Age 10 minutes

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Star, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

single

Name of Wife or Husband

Father's Name

George M Wilson

Father's Birthplace

Star Md

Mother's Maiden Name

Amanda Wilson

Mother's Birthplace

Star Md

Name of person giving information

Palmar Wilson

How related to deceased

Uncle

## CAUSES OF DEATH

Primary

Premature Birth

How long

How long

10 minutes

Immediate

Are the name, age, sex, color, date and place correctly given above?

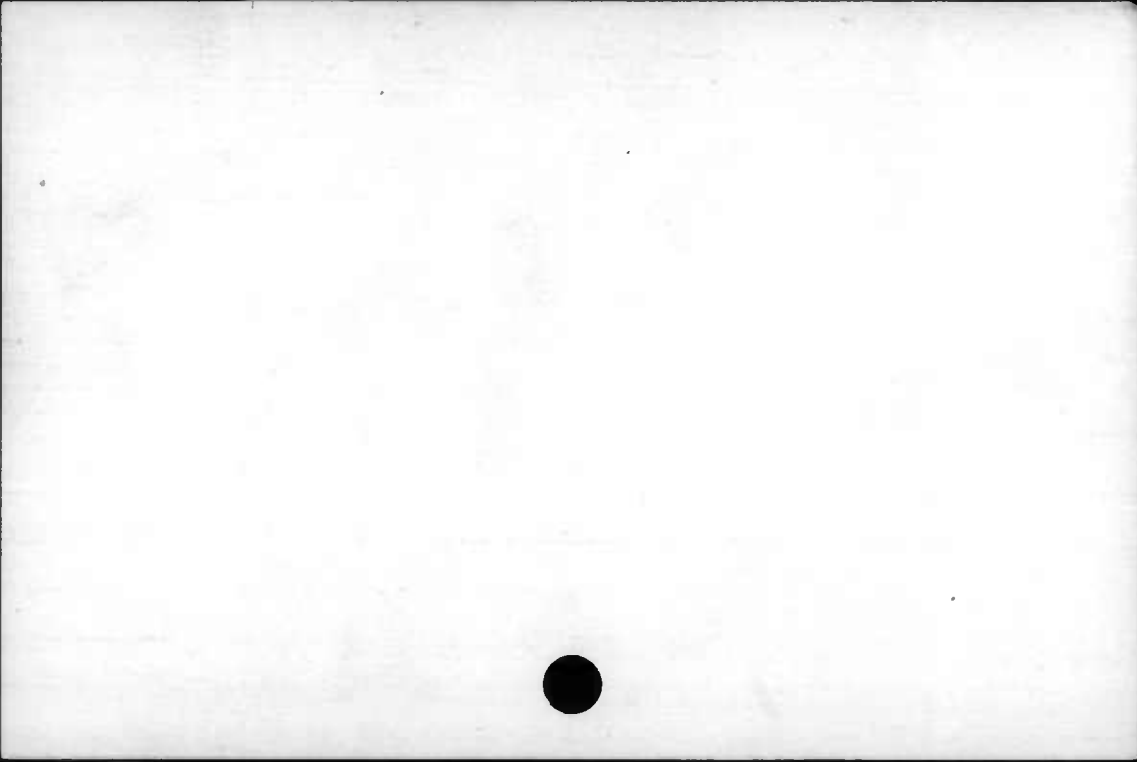
yes

Signature of Physician

Address

Walter H. Henry,  
Ruthsburg,  
Md.

Accident or Suicide?



Name  
in  
Full

One of Quins Wilson #2 MD

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

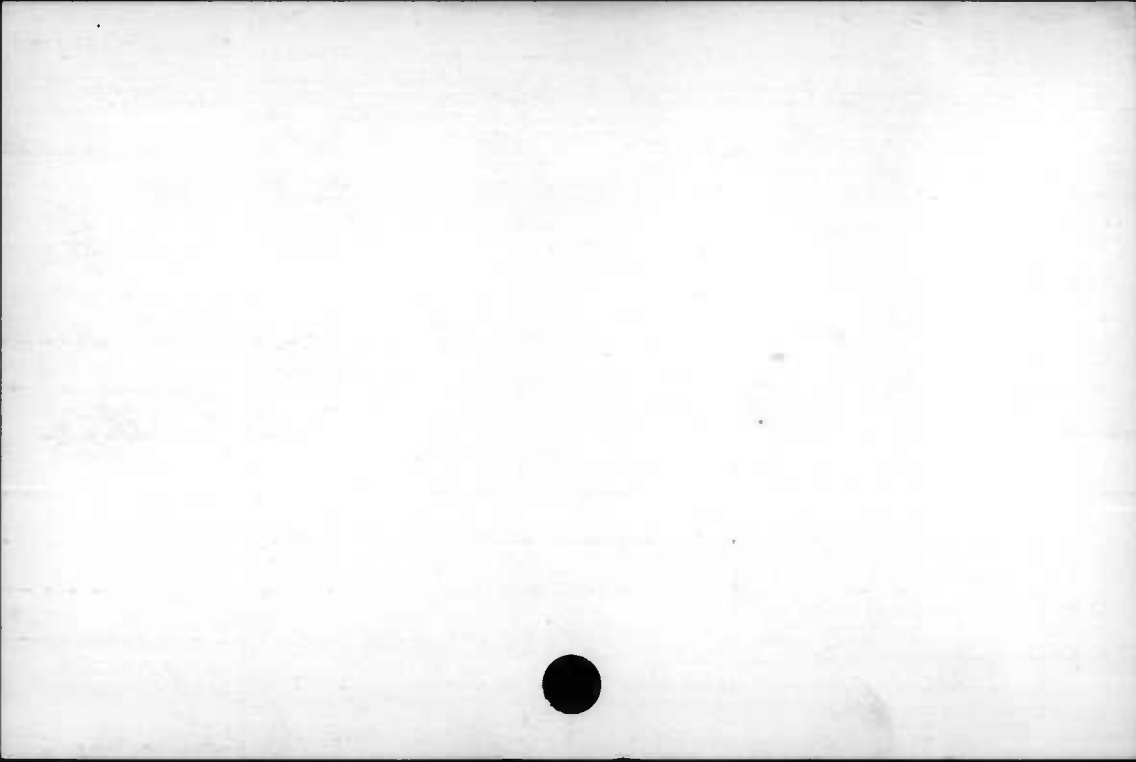
MARYLAND

Died at		Star		Town		Green Anne		County	
Date	1905	Month	July	Day	10	Age	Still Born	Years	Months
Sex	Male	Color or Race	Colored	Birth-place	Star, Md.				
Occupation					Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	George M. Wilson				S.		Father's Birthplace	Star, Md.	
Mother's Maiden Name	Amanda Wilson						Mother's Birthplace	Star, Md.	
Name of person giving information	Palmer Wilson						How related to deceased	Uncle	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	} Still Born cause not known	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		Walter H. Penby
Address		Ruthsburg, Md.
Accident or Suicide?		



Name  
in  
Full

Wm Rubin Wittico

## CERTIFICATE OF DEATH

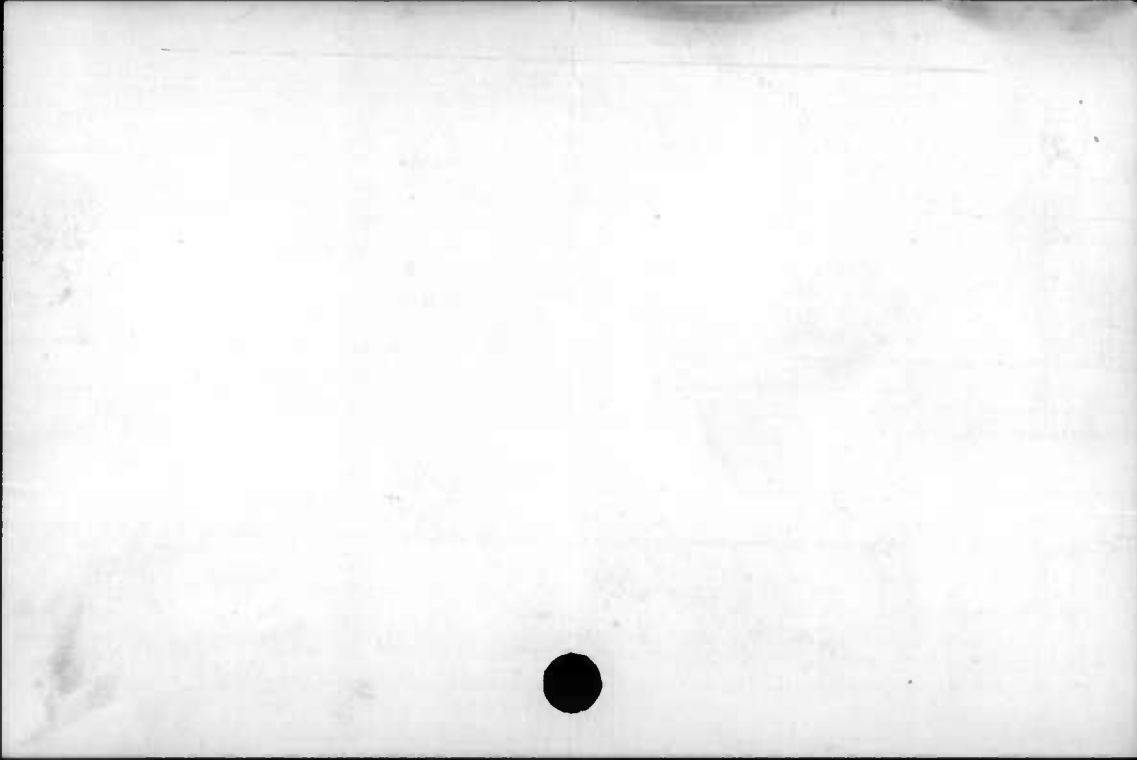
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i> <sup>Town</sup>		<i>Queen An</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	Age	<i>9</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>Collard</i>		Birth-place <i>Winchester</i>		
Occupation _____			Where Residing if not at place of death <i>Winchester</i>		
<del>Married</del> , Single or <del>Widowed</del>			<del>Name of Wife or Husband</del>		
Father's Name <i>Frank Wittico</i>			Father's Birthplace <i>Piney Mt</i>		
Mother's Maiden Name <i>Annie Polk</i>			Mother's Birthplace _____		
Name of person giving Information <i>Frank Wittico</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Summer Complaint</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mary X Bowen</i>	
	Address <i>Winchester Md</i>	
Accident or Suicide?		





Name  
in  
Full

Ethel Wright

## CERTIFICATE OF DEATH

TO BE ANSWERED  
BY NEAREST FRIEND

Died at <u>Barnesboro</u>		Town <u>2</u>		County <u>2</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>7</u>	Day <u>6</u>	Age <u>17</u>	Years <u>4</u>	Months <u>4</u>	Days	
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>2</u>		<u>Labo</u>		
Occupation <u>House girl</u>			Where Residing if not at place of death <u>2</u>				
Married, Single or <u>Widowed</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>John H Wright</u>			Father's Birthplace <u>2</u>				
Mother's Maiden Name <u>Ethel Smith</u>			Mother's Birthplace <u>2</u>				
Name of person giving information <u>John H Wright</u>			How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Two years ago</u>
Immediate <u>Tuberculosis, Phthisis Pulmonalis</u>	How long <u>Two years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Howard R. Hopkins</u>
	Address <u>2</u>
	<u>Monrovia</u>
Accident or Suicide?	<u>MD.</u>

